| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 1992   |  |             |                                |                |               |                                     |                  |                 |                |                        |                        |          |                        |                        |
|--|--|-------------|--------------------------------|----------------|---------------|-------------------------------------|------------------|-----------------|----------------|------------------------|------------------------|----------|------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |             |                                |                |               |                                     |                  | SMALL ENTITY    |                |                        | OR                     | OTHER 1  |                        |                        |
| FOR  |  |             |                                | R FILED        |               | NUMBER EXTRA                        |                  |                 | RAT            | E                      | FEE                    | ĺ        | RATE                   | FEE                    |
| BASIC FEE  |  |             |                                |                |               |                                     |                  |                 | \$355.00       | OR                     |                        | \$710.00 |                        |                        |
| TOTAL CLAIMS   |  |             | 19                             | / minus 20 = * |               |                                     |                  | x\$11=          |                |                        |                        | OR       | x\$22=                 |                        |
| INDE   | PENDENT CLA  | IMS         |                                | minus 3 = *    |               |                                     |                  | x 37=           |                |                        |                        | OR       | x 74=                  |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |             |                                |                |               |                                     |                  |                 | +115           | <u>=</u>               | !                      | OR       | +230=                  |                        |
| * If the difference in column 1 is less then zero, enter "0" in column 2 |  |             |                                |                |               |                                     |                  |                 | TOTA           | ٩L                     |                        | OR       | TOTAL                  | 710                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |             |                                |                |               |                                     |                  |                 | SMALL ENTITY   |                        |                        | OR       | OTHER 1                |                        |
| AMENDMENT A  |  | REMA<br>AFT | IMS<br>INING<br>ER<br>DMENT    | Minus<br>Minus | NL<br>PRE     | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |                 | RATE           | E                      | ADDI-<br>TIONAL<br>FEE | OR       | RATE                   | ADDI-<br>TIONAL<br>FEE |
|  | Total  | * 1         | 9                              |                | **            | 20                                  | =                |                 | x\$11:         | =                      |                        |          | x\$22=                 |                        |
|  | Independent  | * ,         | 3                              |                |               | 3                                   |                  |                 | x 37           | =                      |                        | OR<br>OR | x 74=                  |                        |
|  | FIRST PRE  | ION OF M    | ON OF MULTIPLE DEPENDENT CLAIM |                |               |                                     |                  | + 115           | 5=             |                        | OR                     | +230=    |                        |                        |
| (Column 1) (Column 2) (Column 3)   |  |             |                                |                |               |                                     |                  |                 | TOTA           |                        |                        | OR       | TOTAL<br>DDIT. FEE     |                        |
| AMENDMENT B  |  | REMA        | AIMS<br>AINING<br>ER<br>OMENT  |                | NL<br>PRE     | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | x\$11=<br>x 37= | E              | ADDI-<br>TIONAL<br>FEE | OR                     | RATE     | ADDI-<br>TIONAL<br>FEE |                        |
|  | Total  | *           |                                | Minus<br>Minus | **            |                                     | =                |                 |                |                        |                        | x\$22=   |                        |                        |
|  | Independent  | *           |                                |                |               |                                     | =                |                 |                | =                      |                        | OR<br>OR | x 74=                  |                        |
|  | FIRST PRE  | SENTAT      | ION OF M                       | MULTIPLE DE    | PENDENT CLAIM |                                     |                  |                 |                | =                      |                        | OR       | + 230=                 |                        |
|  | (Column 1) (Column 2) (Column 3)   |             |                                |                |               |                                     |                  | A               | TOT<br>DDIT. F |                        |                        | OR<br>A  | TOTAL<br>DDIT. FEE     |                        |
| AMENDMENT C  |  | REMA<br>AF  | AIMS<br>AINING<br>FER<br>DMENT |                | NU<br>PRE     | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |                 | RAT            | E                      | ADDI-<br>TIONAL<br>FEE |          | RATE                   | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *           |                                | Minus          | **            |                                     | =                |                 | x\$11=         | =                      |                        | OR       | x\$22=                 |                        |
|  | Independent  | *           |                                | Minus          | ***           |                                     | _                |                 | x 37=          | =                      |                        | OR<br>OR | x 74=                  |                        |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |             |                                |                |               |                                     |                  |                 |                | =                      |                        | OR       | +230=                  |                        |
| ** If t  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |                                |                |               |                                     |                  |                 |                |                        |                        |          |                        |                        |

Application or Docket Number